

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LaRouche Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAMELLA M DAVIS

Mailing Address P.O. BOX 175

City
GLENSIDE

State Zip Code
PA 19038-0175

FEC ID number of contributing
federal political committee.

C

Name of Employer
NURSING AGENCY

Occupation
NURSE

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3847.00

Date of Receipt

09 / 13 / 2013

Transaction ID : CASHIN00108064061001

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. PAMELLA M DAVIS

Mailing Address P.O. BOX 175

City
GLENSIDE

State Zip Code
PA 19038-0175

FEC ID number of contributing
federal political committee.

C

Name of Employer
NURSING AGENCY

Occupation
NURSE

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3847.00

Date of Receipt

09 / 23 / 2013

Transaction ID : CASHIN00108087331001

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAMELLA M DAVIS

Mailing Address P.O. BOX 175

City
GLENSIDE

State Zip Code
PA 19038-0175

FEC ID number of contributing
federal political committee.

C

Name of Employer
NURSING AGENCY

Occupation
NURSE

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3847.00

Date of Receipt

10 / 18 / 2013

Transaction ID : CASHIN00108153471001

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00